



J-1 Student Visa / Evidence of Support

EMPLOYER INFORMATION

Employer Name: _____

Work Site Address: _____

HR Director: _____ Email: _____

Tel Number: _____ Fax: _____ Website: _____

EMPLOYMENT INFORMATION

Job Title: _____ # of Positions: _____

Job Responsibilities: _____

Student should arrive: ____/____/____ Nearest Airport: _____

Employment starts: ____/____/____ Ends: ____/____/____

Minimum pay rate per hour (\$/hour): _____ Are tips available? Yes No

Hours per week: _____ Overtime opportunities? Yes No

Expected days and hours of work: _____

BENEFITS

Employer provides the following. If applicable, please provide an estimated cost per month.

Housing _____ Meals _____ Transportation _____

Uniforms _____ Other _____

Employer Requirements: _____

EMPLOYMENT OFFER

_____ offers the position to _____ under the above conditions.

Human Resources Director's Signature

_____/_____/_____
Date

STATEMENT OF ACCEPTANCE

I have read thoroughly this contract and accept the position with all the conditions offered herein. I fully understand that **this contract and the memorandum of understanding are the only conditions under which I am being contracted.** I have not signed any other contractual document that state any other conditions or contradicts what is stated above. I stated that I can communicate effectively in English to be able to handle any job that requires me to communicate with the public.

I agree not to work beyond the ending program date in the Form DS-2019. I understand that the employer can terminate the employment agreement at any time without prior notice and for reasons not prohibited by law; that my position, duties and responsibilities may vary during the period of employment to be able to satisfy the needs to the employer. I further understand that I am not allowed to change jobs or job sites without the consent of CETUSA. I understand that were I to choose not to arrive to work on the dates above, I might not have a position available at a later date. The site is obliged to report my name to be canceled from the program. The site is also obliged to report my name to be canceled from the program if I leave early. I will keep a copy of this contract together with the *Student Agreement to Conditions of Work and Travel Program* that I signed and all program papers while residing in the United States. These papers will be kept on my person at all times.

Participant name in block letters: _____

Date: ____/____/____

Participant's Signature: _____

Date: ____/____/____

Please return to



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